County: Milwaukee Facility ID: 8270 Page 1

ST ANNES HOME/ELDERLY 3800 NORTH 92ND STREET

MILWAUKEE 53222 Phone: (414) 463-7570 Ownership: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/00): 106 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 106 Average Daily Census: 103

Number of Residents on 12/31/00: 99

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups		Less Than 1 Year	34. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	1. 0	More Than 4 Years	19. 2
Day Services	No	Mental Illness (Org./Psy)	38. 4	65 - 74	3. 0		
Respite Care	No	Mental Illness (Other)	6. 1	75 - 84	30. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58 . 6	*****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	7. 1	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	1.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 1	65 & 0ver	99. 0		
Transportation	Yes	Cerebrovascul ar	11. 1			RNs	5. 4
Referral Service	Yes	Di abetes	5. 1	Sex	%	LPNs	7.4
Other Services	Yes	Respi ratory	3. 0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	21. 2	Male	20. 2	Aides & Orderlies	43. 9
Mentally Ill	No			Female	79. 8		
Provide Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)	((Ti tl e	19)		0th	er	Pı	r i va te	Pay]	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	em		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100. 0	\$217.48	57	87. 7	\$108.97	0	0.0	\$0.00	29	96. 7	\$174. 33	0	0. 0	\$0.00	90	90. 9%
Intermediate				8	12.3	\$89. 42	0	0.0	\$0.00	1	3. 3	\$163.67	0	0. 0	\$0.00	9	9. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		65 1	100. 0		0	0. 0		30	100.0		0	0.0		99	100. 0%

ST ANNES HOME/ELDERLY

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Services,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally M	lumber of
Private Home/No Home Health	15. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent F	lesi dents
Private Home/With Home Health	0.0	Bathi ng	1. 0		78. 8	20. 2	99
Other Nursing Homes	13.6	Dressi ng	19. 2		68. 7	12. 1	99
Acute Care Hospitals	62. 1	Transferring	29. 3		55. 6	15. 2	99
Psych. HospMR/DD Facilities	0.0	Toilet Use	30. 3		49. 5	20. 2	99
Rehabilitation Hospitals	4. 5	Eating	52 . 5		40. 4	7. 1	99
Other Locations	4. 5	**************	******	******	**********	*********	********
Total Number of Admissions	66	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.0	Receiving F	Respiratory Care	4. 0
Private Home/No Home Health	16. 7	0cc/Freq. Incontine	nt of Bladder	43. 4	Receiving T	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontine	nt of Bowel	30. 3	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	1. 5				Receiving (Ostomy Care	2. 0
Acute Care Hospitals	15. 2	Mobility			Receiving T	Tube Feeding	1. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3. 0	Receiving M	Mechanically Altered Diets	19. 2
Rehabilitation Hospitals	0.0						
Other Locations	9. 1	Skin Care			Other Resider	nt Characteristics	
Deaths	57. 6	With Pressure Sores		3.0	Have Advance	ce Directives	72. 7
Total Number of Discharges		With Rashes		8. 1	Medi cati ons		
(Including Deaths)	66				Receiving I	Psychoactive Drugs	49. 5
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	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Non	profit	100-	199	Ski l	lled	Al l	
	Facility Peer Group		Group	Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 2	91. 5	1.06	83. 3	1. 17	81. 9	1. 19	84. 5	1. 15
Current Residents from In-County	91. 9	87. 4	1.05	85. 0	1.08	85. 6	1.07	77. 5	1. 19
Admissions from In-County, Still Residing	47. 0	27. 5	1.71	19. 2	2.44	23. 4	2.01	21.5	2. 18
Admissions/Average Daily Census	64. 1	115. 2	0. 56	196. 7	0. 33	138. 2	0.46	124. 3	0. 52
Discharges/Average Daily Census	64. 1	118. 5	0.54	194. 3	0. 33	139.8	0.46	126. 1	0.51
Discharges To Private Residence/Average Daily Census	10. 7	35. 5	0.30	76. 2	0. 14	48. 1	0. 22	49. 9	0. 21
Residents Receiving Skilled Care	90. 9	89. 5	1. 02	91. 2	1.00	89. 7	1.01	83. 3	1.09
Residents Aged 65 and Older	99. 0	96. 9	1. 02	93. 9	1. 05	92. 1	1.08	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	65. 7	57. 6	1. 14	60. 4	1.09	65. 5	1.00	69. 0	0. 95
Private Pay Funded Residents	30. 3	35. 4	0.85	26. 5	1. 14	24. 5	1. 24	22.6	1.34
Developmentally Disabled Residents	1. 0	0.4	2. 88	0. 6	1. 61	0.9	1. 14	7. 6	0. 13
Mentally Ill Residents	44. 4	30.8	1.44	26. 6	1.67	31. 5	1.41	33. 3	1.33
General Medical Service Residents	21. 2	24. 9	0. 85	22. 9	0. 93	21.6	0. 98	18. 4	1. 15
Impaired ADL (Mean)	44. 4	50 . 5	0.88	48. 7	0. 91	50. 5	0.88	49. 4	0. 90
Psychological Problems	49. 5	45. 5	1. 09	50. 4	0. 98	49. 2	1.01	50. 1	0. 99
Nursing Care Required (Mean)	4. 7	6.6	0.71	7. 3	0.64	7. 0	0.66	7. 2	0. 65